


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91210 003 ***150.00

DOCUMENT # 559253
 1. Entity Name
SUN LAND FINANCIAL CORP.



Principal Place of Business Mailing Address
450 S. GULFVIEW, #1206 **450 S. GULFVIEW, #1206**
P.O. BOX 3277 **P.O. BOX 3277**
CLEARWATER, FL 33767 **CLEARWATER, FL 33767**

2. Principal Place of Business 3. Mailing Address
1406 GULF BLVD **1406 GULF BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
603 **603**
 City & State City & State
CLEARWATER, FLORIDA **CLEARWATER, FLORIDA**
 Zip Zip Country Country
33767 **33767** **U.S.A.** **U.S.A.**



04292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2262107 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FLAVAN, JOHN M
~~**450 S. GULFVIEW, #1206**~~
~~**CLEARWATER, FL 33767**~~
1406 GULF BLVD # 603
CLEARWATER FL 33767

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAVAN, JOHN M 450 S. GULFVIEW #1206 1406 GULF BLVD # 603 CLEARWATER, FL CLEARWATER FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGGS, NEAL P. 2723 WOLF RIVER CT. NAPERVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Flavan 4/29/04 727-977-3922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #